

Our Lady of Mount Carmel C.C.D.

2016-2017 Registration

In order for your child to be registered you must:

- be a member of Our Lady of Mt. Carmel Church (you should be receiving envelopes from the Parish)
- bring a Baptismal Certificate to registration
- pay tuition

Our Lady of Mount Carmel C.C.D.

2016-2017 Registration Form

New Family

Family Information:

Are you a registered member of Our Lady of Mount Carmel Parish? Yes _____ No _____

Father's Name: _____ Living/Deceased _____ Religion: _____
Last First

Mother's Name: _____ Living/Deceased _____ Religion: _____
Last First (Maiden)

Address: _____
Number and Street City State Zip Code

Home Phone: _____ E-mail: _____

Cell Phone (Mother): _____ Cell Phone (Father): _____

Father's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Mother's Occupation: _____ Work Phone Number: _____ Work Ext: _____

Parental status: Married: _____ Divorced: _____ Separated: _____ Remarried: _____ Single Parent: _____

Child lives with: Parents: _____ Mother: _____ Father: _____ Guardian: _____ Step-Parent: _____

Custodial Parent/Guardian:

Mother _____ Father _____ Other _____

Custody: Do you have a custody agreement? Yes _____ No _____ (If yes, the Archdiocese requires that a current court order be on file in the CCD Office)

Emergency Contact Information: If we are unable to reach you, whom should we contact?

Name: _____ Relationship to Child: _____ Phone: _____

Consent for Medical Care: I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program and activities at OLMC Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

Photo Permission: I give permission for my child's picture to appear on the parish website, bulletin boards, newspaper articles and all social media in relation to events that happen in the parish.

Signature: _____ Date: _____ Relationship to child(ren): _____

Student Information: #1 *Assigned Class:* _____

Name: _____ Gender: _____

Child's Last Name First Middle Nickname:

School: _____ School Grade: _____ (Sept. '16) School District: _____

Parish last attended for Religious Education: _____ Last Grade Attended: _____

Date of Birth: _____ Place of Birth: City: _____ State: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Student Information: #2 Assigned Class: _____

Name: _____ Gender: _____

Child's Last Name First Middle Nickname:

School: _____ School Grade: ____ (Sept. '16) School District: _____

Parish last attended for Religious Education: _____ Last Grade Attended: _____

Date of Birth: _____ Place of Birth: City: _____ State: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Student Information: #3 Assigned Class: _____

Name: _____ Gender: _____

Child's Last Name First Middle Nickname:

School: _____ School Grade: ____ (Sept. '16) School District: _____

Parish last attended for Religious Education: _____ Last Grade Attended: _____

Date of Birth: _____ Place of Birth: City: _____ State: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Student Information: #4 Assigned Class: _____

Name: _____ Gender: _____

Child's Last Name First Middle Nickname:

School: _____ School Grade: ____ (Sept. '16) School District: _____

Parish last attended for Religious Education: _____ Last Grade Attended: _____

Date of Birth: _____ Place of Birth: City: _____ State: _____

Sacramental Information: If registering your child for the first time, please provide a photocopy of their Baptismal Certificate.

Parish of Baptism: _____

Address: _____ City/State: _____ Date: _____

Reconciliation Parish: _____ City/State: _____ Date: _____

First Communion Parish: _____ City/State: _____ Date: _____

Medical/Learning Data: If any of the following apply to your children, please list their name and complete the information.

Child's Name	Medical Conditions / Allergies	Prescribed Medications	Disability / Learning Support Services	Does your child have an Individual Education Program, (IEP) or 504?

Session Times: Please pick a first and second choice

Sunday 8:30am

Sunday 10:20am

Monday 4:30pm

Monday 6:30pm

Tuition Fees: Tuition is set by the Pastor & the Parish Financial Committee.

One Student
\$230.00

Two Students
\$440.00

Three or More
\$530.000

Materials Fee: \$35.00 per child (for 2nd & 8th graders only)

Payment in full is required at the time of registration. Please remit a check made payable to OLMC-CCD. We also accept cash but not credit cards. Payment plans are available. Please contact the CCD Office.

Refunds:

If a child is removed from the program before the second CCD session, tuition is refundable less a \$30.00 processing fee. No refund will be given after the second session.

For Office Use Only:

Date Rec'd: _____ Paid: _____ Check #: _____ Registration # _____
 Payment Plan: _____ Deposit: _____ Monthly Payment: _____